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IN THE UNITED STATES PAT	TENT AND TRADEMARK OFFICE RECEIVED
Applicant(s):) Title: Compositions Comprising) Random Mixtures of
Alison Hopkins) Oligonucleotides) Group Art Unit: 1655
Serial No: 09/485,245 filed February 7, 2000, U.S. National Phase) Group Art Unit: 1655
Application Based on PCT/GB98/02550 filed August 21,) Examiner: Wilder, C.
1998 Based on GB 9717972.5 filed August 22, 1997))

AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment for the above application.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on January 24, 2001, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

1.	Small	Entity	Status
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□ Verified statement(s) claiming small entity status is(are) attached.

☐ Small entity status has been established and is still effective.

2. Extension of Time

This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEEF	OR LARGE ENTITY	FEE FOR SMALL ENTITY	
One Month		\$110.00	\$55.00	
Two Months		\$390.00	\$195 00	
Three Months	X	\$890.00	\$445 00	
Four Months		\$1,390.00	\$695 00	
Fifth Month		\$1,890.00	\$945 00	

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$890.00

An extension for ____ month(s) has already been secured and the fee paid therefor of \$___ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request \$890.00

3. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
:	Claims Remaining After Amendment		est No. y Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	6	MINUS	20	= 0	X 9=	\$	X18=	\$0.00
INDEP.	1	MINUS	3	= 0	X40=	\$	X80=	\$0.00
First Presentation of Multiple Dependent Claim +135=			\$	+270=	\$0.00			
	3.5 7.5 7.5		то	TAL ADDITI	ONAL FEE	\$	OR	\$890.00

4. Method of Payment of Fees

⊠	Attached is a check in the amount of:	\$890.00
	Charge Deposit Account No. 13-2855 in the amount of: A copy of this Transmittal is enclosed.	\$

5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

Respectfully submitted,

MARSHALL, O'TOOLE, GERSTEIN, MURRAY & BORUN 6300 Sears Tower 233 South Wacker Drive Chicago, Illinois 60606-6402 (312) 474-6300

By:

Jeffrey S. Sharp Reg. No: 31,879

January 24, 2001